Vendor Name:	
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Page 1: Computation of Facility Rate Date:

Page 1: Co	mputation of Fac	ility Rate	Date:				
			(1a)	(1b)	(2)	(3)	(4)
			Total facility		Costs	Breakout for funding by	
			costs from	Total facility	allocated	MA Waiver	Program
Cost Item	,		most recent	costs for	to facility Rate	Room & Board	Brogram
	Salaries	Owners: Total annual hours =	audited year	coming year	Rate	Боаги	Program
ı	Salaries	Employee Salaries for maintenance*					
	Frience Dancet	Other Employee Salaries					
	Fringe Benef	oursements to Staff					
	Client Transp Recruitment	Dortation					
		mont advention					
		ment, education Household supplies & Linens*					
	Supplies						
	□ +	All other supplies					
	Food*						
	Advertising						
	Telephone for						
	Telephone fo	r residents*					
	Printing						
13	Insurance	On property*					
		All other insurance					
	Utilities*						
15	Maintenance & Repairs	Building maintenance and repairs*					
		Equipment repairs for residents*					
		Other equipment repairs & maintenance					
		Vehicle repairs and maintenance					
16	Rentals	Building housing CBRF*					
		Equipment related to room and board.*					
		Other equipment					
17	Depreciation	Land Improvements*					
	Doproolation.	Building*					
		Equipment related to room and board.*					
		Other equipment					
		Vehicles					
		Leasehold improvements*					
40	Interest	•					
18	Interest	Mortgage Interest*					
		Equipment for room and board*					
		Other equipment and property					
		Other					
19		Items related to room and board*					
	smaller items Other items						
	Professional	Fees					
	Licenses*						
22	Taxes*	Real estate					
		Other taxes not corporate					
	Other allowa						
		e Operating cost = total of lines 1 - 23					
		ofit/excess Earnings (see instructions)					
		ole costs (line 24 +25)					
27	Budgeted be	ds in the facility					
		per bed (line 26 / line 27)					
		= Annual cost divided by 12 (line 28 / 12)					
		Annual cost divided by 365 (line 28 / 365)					